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MEDICAL AND HOSPITAL SERVICE
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MEDICAL AND HOSPITAL SERVICE FOR SEAMEN

HEARING
BEFORE THE
COMMITTEE ON
INTERSTATE AND FOREIGN COMMERCE
HOUSE OF REPRESENTATIVES

EIGHTIETH CONGRESS

SECOND SESSION

ON

H. R. 4163

**A BILL TO AUTHORIZE MEDICAL AND HOSPITAL
SERVICE FOR THOSE EMPLOYED IN THE
MARITIME SERVICE, AND FOR
OTHER PURPOSES**

MARCH 10, 1948

**Printed for the use of the Committee on
Interstate and Foreign Commerce**



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CONTENTS

	Page
Text of bill (H. R. 4163)	1
Reports from departments and agencies:	
Federal Security Agency	4
Maritime Commission, U. S.	2
Navy Department	4
Treasury Department	3
Statements of:	
Anderson, Dr. Otis L., Chief, Hospital Division, United States Public Health Service, Federal Security Agency, Washington, D. C.	6
Fuller, Dr. Justin K., Medical Officer for the United States Maritime Commission, Washington, D. C.	14
Hogan, S. J., president, National Marine Engineers' Beneficial Associ- ation, 132 Third Street, SE, Washington, D. C.	35
Levine, Seth, research consultant, CIO Maritime Committee, 132 Third Street, SE, Washington, D. C.	16, 24
Weichel, Hon. Alvin F., Representative in Congress from the State of Ohio	5
Communications submitted:	
Letter, March 15, 1948, from Seth Levine, research consultant, CIO Maritime Committee, to Hon. Charles A. Wolverton	34
Exhibits submitted:	
Resolution passed January 13, 1947, by National Marine Engineers' Beneficial Association Local No. 33	36
Resolution of National Marine Engineers' Beneficial Association, sub- mitted at 71st national convention, January 1947, at Los Angeles, Calif.	36
Circular letter No. 34, July 14, 1947, from National Marine Engineers' Beneficial Association, to all subordinate associations	37
Bulletin, April 17, 1947, from Federal Security Agency, United States Public Health Service, Washington, D. C., entitled "Medical Relief Benefits for Seaman Beneficiaries of the Public Health Service"	37
Letter, July 3, 1947, from R. Meriwether, business manager, Marine Engineers' Beneficial Association No. 97, Inc., San Francisco, Calif., to S. J. Hogan, president, National Marine Engineers' Beneficial Association, Washington, D. C.	38
Letter, July 7, 1947, from S. J. Hogan, president, National Marine Engineers' Beneficial Association, to Dr. Thomas Parran, Surgeon General, United States Public Health Service	39
Letter, July 10, 1947, from R. T. Hollinger, Chief, Regulations and Procedures Section, Hospital Division, Federal Security Agency, United States Public Health Service to S. J. Hogan, president, National Marine Engineers' Beneficial Association	39

MEDICAL AND HOSPITAL SERVICE FOR SEAMEN

WEDNESDAY, MARCH 10, 1948

HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D. C.

The committee met in Room 1334, New House Office Building, at 10 a. m., pursuant to call, Hon. Charles A. Wolverton (chairman), presiding.

The CHAIRMAN. The committee will please be in order.

The committee has before it for consideration this morning H. R. 4163 introduced by Mr. Weichel, a bill to authorize medical and hospital service for those employed in the maritime service, and for other purposes.

(H. R. 4163 is as follows:)

[H. R. 4163, 80th Cong., 1st sess.]

A BILL To authorize medical and hospital service for those employed in the maritime service, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 2 (h) of the Public Health Service Act (U. S. C., 1940 edition, Supp. IV, title 42, sec. 201 (h)), is amended to read as follows:

"(h) The term 'seamen' includes (1) any person employed on board in the care, preservation, or navigation of any vessel, or in the service, on board, of those engaged in such care, preservation, or navigation, and (2) any person who (A) has been so employed, (B) has not changed his occupation as a seaman, and (C) by reason of age, unavailability of jobs or disability is not able to work;"

SEC. 2. Section 322 (a) of the Public Health Service Act (U. S. C., 1940 edition, Supp. IV, title 42, sec. 249 (a)) is amended by inserting after the word "Seamen" in paragraphs (1) and (2) the words "who are or have been," by inserting before the word employed" in paragraph (3) the words "or have been," and by inserting after the word "Seamen" in paragraph (5) the words "who are or have been employed."

The CHAIRMAN. I have received from the United States Maritime Commission its report with reference to this bill dated January 16, 1948. I will ask that it be made a part of the record at this point.

I also have a letter from the Treasury Department signed by Mr. Foley, Acting Secretary of the Treasury, dated November 18, 1947, expressing the views of the Treasury Department on this legislation which will also be made a part of the record at this point.

I also have a communication from Rear Adm. O. S. Colclough, United States Navy, Judge Advocate General of the Navy, dated December 10, 1947, expressing his views with respect to this legislation, which will be made a part of the record at this point.

Also a communication from the Acting Administrator of the Federal Security Agency dated July 22, 1947, expressing the views of that

agency together with suggested amendments, which will be made a part of the record at this point.

(The above reports and communications which were subsequently read into the record by the chairman are as follows:)

UNITED STATES MARITIME COMMISSION,
Washington, January 16, 1948.

HON. CHARLES A. WOLVERTON,
*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives.*

MY DEAR MR. WOLVERTON: On July 12, 1947, you requested the views of the Maritime Commission on H. R. 4163, a bill to authorize medical and hospital service for those employed in the maritime service, and for other purposes.

The bill would amend section 2 (h) of the Public Health Service Act (P. L. 410, 78th Cong., 58 Stat. 682) so that seamen entitled to medical treatment under said act would include "any person who has been so employed, has not changed his occupation, and by reason of age, unavailability of jobs, or disability is not able to work."

It would further amend section 322 of said act so as to accord seamen "who have been employed" aboard vessels described therein the benefits of the act as far as medical treatment is concerned.

Under the maritime law, merchant seamen are entitled to free medical care at the expense of the vessel owner or operator when the seaman's illness or injury occurs in the service of his vessel. Public Health facilities are also available to seamen. When seamen are eligible for treatment, and facilities are available, they are required to accept Public Health hospitalization and vessel owners are to that extent relieved of the expense of providing medical care otherwise required by the doctrine of maintenance and cure.

The Public Health Service Act provides for free medical care for seamen who are "employed" on various classes of vessels, therefore, seamen who may not be employed as such at the time of illness or injury are generally not eligible for treatment. This result is subject to certain exceptions which are included in the Public Health Service Regulation (title 42, Code of Federal Regulations, secs. 2a.314 through 2a.376). Section 2a.314 (b) provides in substance that seamen employed for a period of 60 days or more will be eligible for treatment until 90 days after that service. Section 2a.317 reads as follows:

"Where more than 90 days have elapsed since an applicant's last service as a seaman and he can show that he has not definitely changed his occupation, such period of time shall not exclude him from receiving care and treatment (1) if due to closure of navigation of economic conditions resulting to decreased shipping with consequent lack of opportunity to ship or (2) in the event the applicant has been receiving treatment at other than Service expense."

The bill adopts the policy contained in paragraph 2a.317 and extends it considerably so that in effect seamen would be provided with medical care at Government expense without limitation to employment-connected illness or injury.

Under the doctrine of maintenance and cure and the present legislation and regulations concerning Public Health services, seamen have been recognized as a class entitled to preferential consideration for medical care.

The following comments concerning medical care for seamen are contained in my letter of January 13, 1947, to the Acting Secretary of State in reference to the conventions and recommendations adopted at the International Labor Conference held in Seattle in June 1946:

"Seafarers under present maritime law are entitled to free medical care for injuries or illness sustained in the service of their vessels. In addition, they are entitled to United States Public Health Service care for illness resulting within a reasonable time (usually up to 90 days) after leaving a vessel, which right is liberally interpreted in favor of the seaman. Seamen under present laws, however, are not entitled to 'proper and sufficient medical care' at all times and for any reason. Implementing legislation will, accordingly, be necessary. Since seamen have always been treated in a special manner there should be no objection to special legislation on their behalf.

"A seaman who is injured or falls ill (limited to illnesses not involving moral turpitude) during the course of his employment on a vessel is entitled to maintenance, if not hospitalized, until cured or until as reasonably cured as may be expected. Under the same circumstances, seamen also receive wages

to the end of the voyage or until cured, whichever first occurs. Moreover, under the shipowners liability convention of 1936 the status of which is disputed (*Aquilas v. Standard Oil Co.*, 318 U. S. 724) the employer is liable for maintenance, cure, and wages to any seaman who suffers sickness or injury while on articles. Sickness or injury occurring between voyages and while not employed in the maritime industry does not, per se, entitle seamen to cash benefits as required by the convention."

The bill would grant medical treatment to seamen without taking into consideration whether the illness or disability was employment-connected, the length of their employment as seamen, or their age. It is, therefore, suggested that the bill be amended in the following particulars:

Page 2, line 1, after the word "seaman" insert "except for continuing treatment for recurring disability incurred while in employment as a seaman".

Page 2, line 1, after the word "age" insert "if 65 and after having been employed as a seaman for at least ten years".

Page 2, line 2, the term "unavailability of jobs" should be made more definite for administrative purposes. It should be modified so as to conform to the Public Health Service regulations (2a.317) by inserting the following after the word "jobs", "by reason of closure of navigation or economic conditions resulting in decreased shipping with consequent lack of opportunity to ship" and a comma.

In view of the foregoing observations, the Maritime Commission recommends favorable consideration of the bill, with the suggested amendments.

The Director, Bureau of the Budget, advises, however, that the enactment of the proposed legislation would not be in accord with the program of the President.

Sincerely yours,

W. W. SMITH, *Chairman.*

TREASURY DEPARTMENT,
Washington, November 18, 1947.

HON. CHARLES A. WOLVERTON,

*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.*

MY DEAR MR. CHAIRMAN: Further reference is made to your letter of July 12, 1947, enclosing a copy of the bill H. R. 4163, to authorize medical and hospital service for those employed in the maritime service, and for other purposes, and requesting the views of the Treasury Department on this proposed legislation.

The purpose of H. R. 4163 is to provide for medical and hospital service at Government expense for persons who have been employed in the maritime service, have not changed their employment, and are unable to work by reason of age, disability, or unavailability of jobs. Under existing law only those persons actually employed are entitled to these benefits.

The proposed legislation is not of primary interest to the Treasury Department, and therefore no recommendations are made as to its general merits. Although the Coast Guard would have no administrative responsibilities under the proposal, it should perhaps be pointed out that the administering agency could not rely on Coast Guard seamen's records to furnish complete information for determining eligibility for benefits under the proposed new standard. The records of service of merchant seamen maintained by the Coast Guard cover more than a million and a quarter men to whom seamen's documents have been issued in the past 11 years. They include only employment on merchant vessels of the United States of 100 gross tons and upward, however, and do not cover employment on vessels used exclusively in trade on the navigable rivers of the United States, nor employment of men in port, not under articles, for care and preservation of a vessel in capacities such as night mate and night watchman. Consequently the Coast Guard, if called upon, would not be able to furnish a record of all employment contemplated by the bill, or information that a person has "changed his occupation as a seaman."

In view of your request for expedition, it has not been possible to obtain the customary clearance from the Bureau of the Budget.

Very truly yours,

E. H. FOLEY,
Acting Secretary of the Treasury.

MEDICAL AND HOSPITAL SERVICE FOR SEAMEN

NAVY DEPARTMENT,
OFFICE OF THE JUDGE ADVOCATE GENERAL,
Washington 25, D. C., December 10, 1947.

Hon. CHARLES A. WOLVERTON,
*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives.*

MY DEAR MR. CHAIRMAN: The bill (H. R. 4163) to authorize medical and hospital service for those employed in the maritime service, and for other purposes, was referred by your committee to the Navy Department with request for a report thereon.

The purpose of the bill is to amend the Public Health Service Act by authorizing medical, surgical, and dental treatment and hospitalization for those formerly employed in the maritime service who have not changed their occupation, and who by reason of age, unavailability of jobs, or disability are unable to work. The existing law provides these services only for those who are at present employed in the maritime service.

The Navy Department has been advised by the Bureau of the Budget that the enactment of the proposed legislation would not be in accord with the program of the President.

O. S. COLCLOUGH,
*Rear Admiral, United States Navy,
Judge Advocate General of the Navy
(For the Secretary of the Navy).*

FEDERAL SECURITY AGENCY,
Washington, July 22, 1947.

Hon. CHARLES A. WOLVERTON, -
*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington 25, D. C.*

DEAR MR. CHAIRMAN: This letter is in response to your request of July 12, 1947, for a report on H. R. 4163, a bill to authorize medical and hospital service for those employed in the maritime service, and for other purposes.

The bill proposes to amend section 2 (h) and 322 (a) 1, 2, 3, and 5 of the Public Health Service Act by extending medical benefits to persons other than actively engaged seamen who (1) have been so employed, (2) have not changed their occupation as seamen, and (3) by reason of age, unavailability of jobs, or disability and are not able to work. This change is to be accomplished primarily by an appropriate modification of the definition of the term "seamen" in section 2 (h).

The present Public Health Service Act limits medical relief benefits to actively engaged seamen subject to regulations of the Surgeon General. These regulations are sufficiently broad to permit treatment of seamen not actually employed aboard a vessel at the time of application. They provide:

The applicant must have been employed for 60 days of continuous service on a registered, enrolled, or licensed vessel of the United States, a part of which time must have been during the 90 days immediately preceding application for relief. There may be included as a part of such 60 days of continuous service as a seaman time spent in training (1) an active duty enrollee in the United States maritime service, (2) a member of the Merchant Marine Cadet Corps, (3) a cadet at a State maritime academy, or (4) a cadet on a State training ship. The phrase "60 days of continuous service" shall not be held to exclude seamen whose papers show brief intermissions between short services that aggregate the required 60 days: *Provided*, That any such intermission does not exceed 60 days. The time during which a seaman has been treated as a patient of the service shall not be reckoned as absence from vessel in determining eligibility. When the seaman's service on his last vessel is less than 60 days, his oath or affirmation as to previous service may be accepted. Where more than 90 days have elapsed since an applicant's last service as a seaman and he can show that he has not definitely changed his occupation, such period of time shall not exclude him from receiving care and treatment (1) if due to closure of navigation or economic conditions resulting in decreased shipping with consequent lack of opportunity to ship or (2) in the event the applicant has been receiving treatment at other than service expense.

Accordingly, it can be seen that present regulations cover active seamen quite adequately.

The intent of the proposed measure is not sufficiently clear to enable establishment of administrative regulations. It is suggested, therefore, that the bill provide for an age limitation, together with a minimum period of employment on board vessels and also indicate whether disability shall be service-connected.

The phrase "unavailability of jobs" is capable of a variety of interpretations. It is suggested that the language used in the current Public Health Service Regulations, namely, "closure of navigation or economic conditions resulting in decreased shipping with consequent lack of opportunity to ship" be substituted.

The need for the phrase "has been so employed" in 2 (A) of the proposed amended definition is not apparent since employment as a seaman is necessarily implied in the remaining portion of the definition.

A clearly stated definition of "seamen" would preclude the necessity for making the proposed changes in section 322 (a) of the Public Health Service Act. However, in view of the fact that the bill proposes to extend medical benefits to aged former seamen, it would seem an opportune time to eliminate any doubt as to the intent of Congress by inserting in section 322 (a) a provision to the effect that domiciliary care per se is not contemplated.

If the above suggestions are taken into consideration and H. R. 4163 is modified accordingly, I believe the proposed legislation would provide a more comprehensive medical relief program for seamen beneficiaries.

In view of your request that this report be submitted within the week it has not been possible to obtain advice from the Bureau of the Budget as to the relationship of this bill to the program of the President.

Sincerely yours,

MAURICE COLLINS, *Acting Administrator.*

The CHAIRMAN. The first witness will be Hon. Alvin F. Weichel. You may proceed, Mr. Weichel.

STATEMENT OF HON. ALVIN F. WEICHEL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. WEICHEL. Mr. Chairman, as chairman of the Merchant Marine and Fisheries Committee I am grateful for the opportunity of appearing before you with reference to H. R. 4163.

I do not have all of the detailed information which will be supplied. I understand, by the Public Health Service, and those who are actively representing those in the maritime service.

It is most desirable to maintain an active and vigorous American merchant marine, and one of the principal things that is needed is a permanent and satisfied personnel.

Now, with reference to those engaged in the maritime service, there has been provided for them a medical and hospital care service through the United States Public Health Service, and during the war there has been great numbers who have entered the maritime service and have served well, and have aided along with the Navy in time of emergency.

In order to keep an active and vigorous American merchant marine, we must keep this personnel and while the Public Health Service provides the medical and hospital care it seems that there has been some lack of medical and hospital care especially in recent months. The limitations have been rather definite with reference to rendering service to these men when they are not actually aboard ship. I know it has always been my understanding that if a man was engaged in the maritime service, even though he did not have present employment, until such time that he had forsaken the sea and accepted different employment he was entitled to the medical and hospital care of the

Maritime Division of the Public Health Service. It has been only recently that it was called to my attention, and while the Public Health Service has in many instances assisted in this, yet they have no real authority in law, and it was for that purpose that H. R. 4163 was introduced. This provides that men who are in the maritime service might have the benefit of the Public Health Service with respect to medical and hospital care until such time as they change their employment from a seafaring life.

I have no other detail on it. The Public Health Service understands about the introduction of the bill, so that it might assist in maintaining this personnel.

The CHAIRMAN. Are there any questions?

In this bill that you are presenting, Mr. Weichel, I note that there is no time limit. It is said that the seaman shall have the services of the Public Health Service apparently at any time, because it provides "who are or who have been employed as merchant seamen." Now, do you mean at any time or who have been employed within 3 months, or what?

Mr. WEICHEL. That would apply to anyone who has been a merchant seaman and has not changed his occupation. In other words, there seems to be lapses of employment, long lapses of employment, so that until he has changed his occupation it would apply. He does not have to be actually on a ship, and that seems to be the present difficulty about it.

The CHAIRMAN. Are there any other questions?

If not, we thank you very much for your appearance, and for your interest in this subject, which is I know one of deep concern.

**STATEMENT OF DR. OTIS L. ANDERSON, CHIEF, HOSPITAL DIVISION,
UNITED STATES PUBLIC HEALTH SERVICE, FEDERAL SECURITY
AGENCY, WASHINGTON, D. C.**

The CHAIRMAN. The next witness will be Dr. Otis L. Anderson, Chief, Hospital Division, United States Public Health Service, Federal Security Agency.

Dr. ANDERSON. Mr. Chairman: It may be of interest to the committee to review a portion of the statement submitted by the Acting Administrator.

The CHAIRMAN. I think it would be well for you to do so, Doctor, in view of the fact that there are several amendments suggested to this legislation, and I would be pleased for you to make as full a statement with respect to the attitude of the Public Health Service as you feel prepared to make.

Dr. ANDERSON. Following your suggestion then, it may be of interest in developing some of the background which probably should be considered in this bill, to quote to you our own interpretation of the regulations which are pertinent. I refer to the following:

(1) An applicant for medical relief benefits as a seaman beneficiary must have 60 days of service on a registered, enrolled, or licensed vessel of the United States. This 60-day period may include service spent in training as an active-duty enrollee in the United States Maritime Service; as a member of the Merchant Marine Cadet Corps; as a cadet at a State maritime academy or as a cadet on a State training ship. Also, the time during which a seaman has been treated as a

patient of the Public Health Service is not reckoned as absence from a vessel in determining eligibility.

(2) Brief intermissions between short services may not exceed 60 days.

(3) Application for treatment must be made within 90 days after the seaman has left his last vessel. Where more than 90 days have elapsed since a seaman has left his vessel, he is not excluded from receiving care and treatment if he can show that he has not definitely changed his occupation and that due to closure of navigation or economic conditions there has been a decrease in shipping with consequent lack of opportunity to ship; or that he has been receiving treatment at other than Service expense.

The experience of the Public Health Service in preparing and administering these regulations leads me to suggest that the administration of the provisions of this bill would be greatly simplified by more specific definitions of the three criteria of age, unavailability of jobs, and disability.

With respect to the criterion of age, we believe that this should not be left entirely for definition by regulation, but rather that some minimum age limit should be specified by the statute.

The phrase "unavailability of jobs" can be construed in many ways. It is suggested that there be substituted some such phrase as the following:

Lack of opportunity to ship because of closure of navigation or economic conditions resulting in decreased shipping.

With regard to the disability criterion, H. R. 4163 does not indicate whether disability must be service-connected. We believe that this point should be clarified in the bill, rather than leaving it to administrative determination.

It is suggested that for the purposes of part (2) (A) of the definition a minimum period of employment on board be specified or a least that it be limited to persons who have been "customarily so employed", for the purpose of establishing the occupation of the proposed patient. This would help us to meet the problem of persons who have been employed on board for a few days or very brief periods but who have never followed such employment as their customary occupation or calling.

Under the present language of the act it is not clear whether strictly shore-based workers such as longshoremen who occasionally do work on a vessel while it is in port are intended to be covered. It would be helpful if the definition were clarified in this respect, as, for example, by excluding persons whose employment on board is covered by the Longshoremen's and Harborworkers' Compensation Act.

Undoubtedly additional funds will be needed to administer the benefits provided under the bill. However, it is not feasible at this time to estimate the cost.

The enlarging of our patient population in our hospitals through provisions set forth in this bill will result in some increased costs and in passing I should like to point out that the program of the hospital division of the Public Health Service provides for medical care, not domiciliary care.

At the present time in our hospitals we probably have somewhere in the neighborhood of one hundred and fifty to two hundred-odd patients who are there, not necessarily because of the continued need

for medical care—a majority of them are seamen—but by reason of advanced age and infirmity, their lack of funds, a home, a place where they can go. We are unable to discharge them. They need a minimum of medical care, and we are providing essentially domiciliary care, but to augment this number would mean that they would be occupying hospital beds that are needed for the acutely ill patients, and it would be rather difficult for us to contemplate any domiciliary care program unless we develop facilities specifically for this purpose.

The CHAIRMAN. Dr. Anderson, for the benefit of the committee, will you just explain in as brief a manner as possible, the general scope of the work that is done by the Public Health Service in connection with seamen? Could you just bring us right up to the point of what service you now provide and what hospitalization you provide, and how much is being expended for it in the course of a year, and then indicate in plain language just what additional cases this proposed legislation will bring in?

Dr. ANDERSON. The facilities available for the care of merchant seamen and other groups designated by Congress as beneficiaries of the Public Health Service include 24 marine hospitals, the majority of which are located in the coastal areas, Atlantic, Pacific, and Gulf, and a few along the Mississippi River system.

In addition to that, we have 18 out-patient offices or dispensaries staffed by full-time personnel and about 90 third-class medical relief stations, which means that we have employed a private physician on a part-time basis to handle the beneficiaries in the particular areas where they are located.

The group of beneficiaries handled at third-class medical relief stations, for instance in Duluth or Michigan, is not sufficient at this time to justify a full-time out-patient office or hospital, so we develop a contract with the local physician, and he handles our beneficiaries, as he would his own private patients, in his own office.

The CHAIRMAN. Now, in cases such as that in the event hospitalization is necessary, are they sent to private hospitals?

Dr. ANDERSON. We have contracts with local private hospitals for the emergency care of our beneficiaries, in the event it is an elective condition, such as a tonsillectomy or a hernia, those patients are referred to our own installations or marine hospitals. So, the only difference is in the need for hospitalization. Third-class medical relief stations hospitalize for emergency purposes only, and our marine hospitals accept cases without regard to emergency.

The CHAIRMAN. What is the cost of the service that is now being rendered per year?

Dr. ANDERSON. The total appropriations required for the operations of the marine hospitals in 1948 is \$20,000,000.

The CHAIRMAN. Does that include the cost of the service at stations other than hospitals?

Dr. ANDERSON. That is correct, sir. That is for all of the activities I have described.

The CHAIRMAN. And how many seamen are cared for under the program in the course of a year?

Dr. ANDERSON. I do not have the exact figures that I can give you now, but they constitute approximately 40 to 50 percent of the total load of all patients we handle.

The CHAIRMAN. You could not give us approximately how many cases are cared for in the course of a year?

Dr. ANDERSON. Well, as I recall the total number of admissions we had during the fiscal year 1947, approximated 100,000, and based on my former statement, that would be 40 or 50 percent of those would be merchant seamen, and that would be the answer, sir.

The CHAIRMAN. Do you provide any service for seamen outside of the United States?

Dr. ANDERSON. None, sir. I wish to correct that; no medical services in a foreign country. We do have a small hospital in Puerto Rico and we have an out-patient office in Honolulu, T. H. I believe that is all outside of the country.

The CHAIRMAN. Then, it is only to take care of emergencies and illnesses that happen in domestic way? In other words, it does not provide any service for the seamen if they should happen to be taken sick in China or any other foreign country?

Dr. ANDERSON. That is correct, sir.

I might mention one more thing. That is, we have third-class stations in Alaska; nothing in foreign countries at all.

The CHAIRMAN. What if any portion of this expenditure of \$20,000,000, approximately \$20,000,000 is paid by the shipowners?

Dr. ANDERSON. The \$20,000,000 is entirely based on the appropriations made by Congress.

The CHAIRMAN. So that there is no refund to the Public Health Service for any part of it?

Dr. ANDERSON. No, sir. In the past history of the development of the marine hospitals, which incidently originated in 1798, seamen paid into a fund the small sum of 20 cents, per month, and later 40 cents per month from their wages. This was continued for, possibly 50 years, or something like that. That was discontinued in 1884.

Tonnage taxes were used as a source of revenue for maintaining marine hospitals, but ultimately that type of financing I believe was changed and throughout the history of the marine hospitals, the majority of the expense has been borne by direct appropriations by Congress. At no time were these other methods of financing entirely adequate.

The CHAIRMAN. Are the Public Health Service facilities available in foreign countries?

Dr. ANDERSON. No facilities are available in foreign countries insofar as the Hospital Division of the Public Health Service is concerned.

The CHAIRMAN. Do you have any clinics?

Dr. ANDERSON. No, sir; no type of medical care program. During the war, through arrangements made by the War Shipping Administration with the armed forces, merchant seamen received care in Army and Navy installations, but that was entirely—

The CHAIRMAN. Would you be able to give the committee the benefit of what might be termed the historical side of this legislation that provides for this type of service to seamen? It would seem to be beyond anything that is applied to other workmen.

Now, what is the basic reason for the difference?

Dr. ANDERSON. Well, I am not too familiar with the story, but I can tell you this much: The basic reason for providing medical care for seamen was to establish some agency, some unit, responsible for

their medical care which, before the act was passed, establishing the marine hospitals, made it necessary for local communities to provide such care for seamen if they were otherwise without funds.

It is well known that in the shipping industry men are taken far from home. Many of them, let us say, may not have homes, have lost contact with them, and their funds undoubtedly were inadequate to provide for the medical care that they required, and, therefore, in order to stimulate, I would judge, employment aboard these vessels, it was necessary to make possible their care when they got into trouble from the standpoint of requiring medical attention.

MR. BULWINKLE. Doctor, there was also developed in that connection the fact that the Government wanted some place where they could check on these diseases or any pestilence or things of that kind, that should come into the country because if some seaman were sick; is that not correct?

DR. ANDERSON. Yes; that undoubtedly is true.

MR. BULWINKLE. That is my recollection of that, because I went back into this in the codification of the laws from 1798 on down, of the whole marine-hospital laws, until that service was taken over by the Public Health Service.

THE CHAIRMAN. Well it had been my impression that one of the basic reasons was the insufficiency of the income paid to seamen in previous years, and this was the method of making the service more attractive to them by providing these benefits.

Is there any obligation on the shipowner to care for a seaman that is injured in the course of his employment?

DR. ANDERSON. I believe in foreign countries, the shipowners are responsible for the medical care of seamen aboard their vessels.

THE CHAIRMAN. I have asked these questions in order that the record may give as much information as possible, in view of the fact that I think this is the first study of this type that we have had before this committee since it was appointed a year ago, and it has many new members on it, who have not served over a period of years, and, therefore, are not familiar with the situation, as well as some of the older members of the committee.

So that if you, or any other person who will testify here this morning, have anything that you wish to add in the line that I just suggested, we would be glad to have you do so, that the record will give as complete a story of this whole seamen's beneficial treatment, as it is possible for you to give.

I have some other questions, but I will not propound them at this time.

Does anyone else wish to question the witness?

MR. BULWINKLE. I might say off the record, Mr. Chairman.

(After informal discussion off the record:)

THE CHAIRMAN. That is the reason I asked the question whether there was any participation by the shipowners in the expense of caring for seamen.

DR. ANDERSON. No funds are made available other than from the Congress, in the operation of our medical-care activities.

MR. BULWINKLE. Well, does the Public Health Service, or who collects the money from the owners or operators of the vessels for this hospital pay given to the crew?

Dr. ANDERSON. There is no money collected, sir, other than for seamen employed on foreign-flag vessels who are accepted in our facilities in the same way that our seamen do under a reciprocal arrangement which is made with other countries and that is handled, I believe, through the consulates in the various cities.

The CHAIRMAN. Will you now give in as brief a way, and yet, as full a manner as it is necessary, a statement to the committee as to what extent present privileges are extended by this legislation; that is, H. R. 4163?

Dr. ANDERSON. Well, it appears to me, Mr. Chairman, that the two items referring to age and disability are important items to consider.

You have a situation wherein a seaman may have followed his occupation over a period of many years; a truly bona fide seaman, and by reason of age is no longer able to go to sea because of the arduous tasks involved. Ninety days after his last service he is no longer eligible for medical care in Public Health Service facilities, unless he had at the time of his last service before the expiration of the 90 days established some illness which required continued care. That medical care would be provided either within our facilities, or may have been provided, let us say, at his expense, or if he were in a foreign land possibly by the shipowners.

The continued need of medical care in that fashion would continue his eligibility; otherwise, the requirement, as we consider the requirement, because of age, after a period of 90 days, no longer makes him eligible for treatment.

We have had problems of that nature from time to time and our decision has always been based upon the statutes, and our regulations, that there is no provision to make such a person eligible after his active, definite retirement from sea duty.

The CHAIRMAN. Well I hope that either you or some other witness that will testify today will make plain to the committee the reason that would justify the extension of the act in the way in which this bill seeks to do, in comparing it with other cases of other persons in other industries.

Dr. ANDERSON. I do not believe I would have any comment to make on that particular point, Mr. Chairman.

The CHAIRMAN. I hope that someone will, because this seems to be quite a departure from what is generally provided for workers in other industries.

Mr. ANDERSON. Speaking to the second point, disability, that has a similar effect as age other than the reason for retirement. Suppose a potential patient has followed the sea as an established occupation and he breaks his leg or his arm, or something that disables him, and makes it undesirable for him to follow the sea any longer. Once that medical care for, let us say, the fracture of the arm has been satisfactorily concluded and you have had truly the benefits of hospitalization, and he is discharged from the hospital and then the period of 90 days from that date elapses, he is no longer eligible for medical care. Well, as I stated, he is no longer eligible.

Mr. BULWINKLE. Unless there is a recurrence of disability and as a result of such injuries.

Dr. ANDERSON. That is correct.

The CHAIRMAN. Are there any disabilities due under the Workmen's Compensation Act which attaches to the shipowner, the same as there would be in other industries?

Dr. ANDERSON. I am speaking without specific knowledge, but I do believe they would be covered by the Bureau of Employees' Compensation the same as provided in other industries.

Mr. PRIEST. You mean the under the Compensation Act?

Dr. ANDERSON. No; that is not a true statement because they would probably have to establish any claim through legal procedure. The BEC is for Federal employment only.

The CHAIRMAN. Well, I note on our witness list that we have a witness from the National Marine Engineers Beneficial Association. It may be that witness, or the witness from the CIO Maritime Committee who is present may be able to give the committee a general picture of the whole situation.

I am very anxious to have the record show as fully as possible this whole subject of seamen's benefits; what they receive, why they receive them, by whom they are paid, and why the Government, as distinguished from the shipowner, pays them, and also with respect to their continued care after leaving the service of the shipowner.

Do you gentlemen have any questions you wish to ask Dr. Anderson?

Mr. HALE. Is there any way of telling what this would cost?

Dr. ANDERSON. I do not believe, sir, we could answer that. We have been unable to attach any specific amount of money to it. The proposed loads would certainly be most indefinite and would require a rather direct comprehensive study before we could establish any information which would be worth while, sir. We have not had any opportunity to determine that.

Mr. HALE. Is there any means of telling how heavy a burden it would throw on the hospitals?

Dr. ANDERSON. Possibly the records of the Medical Department of the United States Maritime Commission might give us some lead as to the number of seamen disabled in the industry which would make possible a statement on that. As to age, that too might be available in the records. We would have nothing on that.

The CHAIRMAN. I understand, Mr. Hale, that we will have as a witness Mr. Charles W. Sanders, assistant chief, Marine Division, Maritime Commission. Maybe he will be able to give you that information.

Mr. HALE. Just what is the philosophy behind this legislation. I can understand why we should take care of merchant seamen, but why should we take care of former merchant seamen as long as they live?

Dr. ANDERSON. Well, I would not be prepared, sir, to make any statement on that.

Mr. PRIEST. Will the gentleman yield?

Mr. HALE. You understand that I have every predisposition to favor merchant seamen, but, of course, there are a lot of other people in the world, too.

Mr. PRIEST. I wanted to ask in that connection if they have served in this training school, or have been employed, if your interpretation is that as long as they live they will be eligible to receive such care or such benefits. The provision reads "who are or who have been." Is that your interpretation?

Dr. ANDERSON. Yes; with the exception that after, let us say, their retirement, they change their occupation from that of a seaman. In other words, they engage in some other work after retiring, that would negate the provisions contained herein.

Mr. PRIEST. Thank you.

Mr. HALE. If a merchant seaman quits the sea and becomes a carpenter, he could not be hospitalized; but as long as he remained a merchant seaman he could.

I suppose the philosophy of the legislation is to encourage people to be merchant seamen.

Dr. ANDERSON. Apparently, sir. Of course, in the case of retirement, in order to maintain their eligibility status, they could not engage in any other gainful occupation.

Mr. HALE. Actually it puts merchant seamen in a privileged class with respect to hospitalization, which may be perfectly all right. I am not saying that it is not.

Dr. ANDERSON. Well, I would not have any opinion on that, sir.

The CHAIRMAN. Gentlemen, it may be helpful if I would read some of these communications that have been received from the different departments with reference to this proposed legislation.

And I read these communications not only for the benefit of the committee but also for the witnesses who will testify in order that you may know the views of the departments and be able to address your remarks to any views expressed by the departments, as you see fit to do so.

The first letter is from the Judge Advocate General of the Navy.

(Thereupon the chairman read the letter from the Judge Advocate General of the Navy, which appears earlier in these proceedings.)

The CHAIRMAN. The next is from the United States Maritime Commission. It reads.

(Thereupon the chairman read the letter from the Maritime Commission, which appears earlier in these proceedings.)

The CHAIRMAN. Now, the Federal Security Agency says.

(Thereupon the chairman read the letter from the Federal Security Agency, which appears earlier in these proceedings.)

The CHAIRMAN. Now, I also have an analysis of H. R. 4163, which, I understand, has been submitted by the Bureau of the Budget. The concluding portion of which reads as follows:

The Bureau of the Budget has on several occasions taken the position that legislation to extend to the merchant seamen the benefits of the Longshoremen's and Harbor Workers' Compensation Act would not be in conflict with the program of the President.

Now, I have read those so that you might have a general knowledge of the whole subject.

Are there any further questions from Dr. Anderson?

Mr. LEA. Mr. Chairman.

The CHAIRMAN. Mr. Lea.

Mr. LEA. Do the steamship companies bear part of the expenses provided in this bill?

Dr. ANDERSON. As I understand it, sir, no.

Mr. LEA. Are there any circumstances under which the Government would have the responsibility of compelling the steamship

owners to pay the expenses for care of men who became sick or injured in their service?

Dr. ANDERSON. Well, I am not clear as to who establishes the responsibility of the steamship owner for such medical care as has been stated in this meeting. The Public Health Service simply, through legislation, has had this and other groups established as beneficiaries for the purpose of medical care, hospitalization, and dental care.

Mr. LEA. That is all.

The CHAIRMAN. Any further questions, gentlemen? If not, the next witness will be Dr. Justin K. Fuller, medical officer for the Maritime Commission.

STATEMENT OF DR. JUSTIN K. FULLER, MEDICAL OFFICER FOR THE MARITIME COMMISSION

Dr. FULLER. Mr. Chairman, my interest, or I would say the interest of the Medical Department of the Maritime Commission in this proposal is concerned chiefly with two factors. One factor is concerned with the need in the maritime industry of an improved industrial medical program. The relationship of that need to the proposals in this bill is found in the fact that without such an improved industrial medical program, many persons are accepted into the maritime industry without adequate medical examination, from the standpoint of an industrial medical program, who, if the provisions of an industrial medical program were applied to the maritime industry, would not be accepted.

I make that statement with due regard to the activities of the Coast Guard in certificating and licensing merchant seamen, which certification and licensing does require a physical examination. However, one factor of this Coast Guard program that is not a factor in the usual industrial medical program is that a reexamination at periodic intervals is not involved in the Coast Guard program. The result of this lack of an industrial medical program in the maritime industry is that the compensation rate, as indicated by such sources of information as the Marine Index Bureau, is the highest of any industry. That means that people are employed in the maritime industry who are in such physical and mental condition that their employment results in a higher injury and illness rate than in any other industry.

I do not believe that anyone, certainly not anyone or any interest that I have contacted, has any objection to such an industrial medical program. I am, of course, fully cognizant of the fact that this committee is not the place to bring forth the consideration of such a program, but I believe the committee should understand that the relationship of such a program to the proposals in this bill is a valid one.

The second point that I would like to bring before the committee is that many merchant seamen who by all ordinary justifications should be eligible for continued treatment, are denied such treatment.

Perhaps the most dramatic example is the merchant seamen who, in the early stages of the war particularly, when we were having many, many ship losses due to submarine activity in the North Atlantic, suffered immersion foot—which is a condition brought about by the poor circulation in their legs and feet—in the legs and feet of castaways who were exposed to inclement weather in the North At-

lantic, and their feet were wet for hours or days on end. And they developed this very terrible condition where the circulation in their feet was reduced to such a low ebb that it was later necessary to amputate their feet, or they otherwise become permanent cripples as a result of the war exposure.

Those former merchant seamen, because they cannot be merchant seamen now, have no recourse except the general provisions of the Vocational and Rehabilitation Act, which applies to any employee in any industry; and it is my belief that merchant seamen who sustained injuries or who sustained permanent illnesses, as a direct result of their service in the war, merit the consideration that is provided for them in this bill.

Those were the only two points, sir, that I had in mind to bring before the committee.

The CHAIRMAN. Are there any questions, gentlemen?

Mr. LEA. I would like to ask, is there now any remedy for the man such as you have described, suffering from that disease?

Dr. FULLER. Aside from the provisions of the Federal Vocational and Rehabilitation Act, there are none. That is an activity of the Federal Security Agency, a cooperative activity between the Federal Security Agency and the States.

Mr. LEA. That was an employee of the Government that you referred to?

Dr. FULLER. It applies, I believe, to any employee in any industry, and not necessarily an employee of the Federal Government, because the Federal Government employee would be covered by the Bureau of Employees' Compensation.

Mr. LEA. Is there no liability on the part of the shipowner?

Dr. FULLER. Not beyond the doctrine of maintenance and cure, and that is limited by the interpretation of that doctrine by which the shipowner ceases to be responsible when an injured person has received the maximum benefit of treatment, or a maximum degree of cure.

For instance, if a patient loses his leg, the shipowner is responsible during the time that that patient is in the hospital having his leg re-amputated and getting him ready for an artificial limb. The shipowner's responsibility ceases after that time and does not continue indefinitely. It continues only to the time when maximum benefit of treatment is obtained. Then the patient must care for himself all of the rest of his life, even though incapacitated, and so on, but the shipowner has no responsibility.

Mr. LEA. You are referring to private employment now, in the case which you have just described. What would be the rule if the employee was in the Government service at the time of injury?

Dr. FULLER. That became rather an involved question during the war, sir. The Bureau of Employees' Compensation, I believe, did not assume responsibility for that seaman. He was not, in other words, regarded as an employee of the Government in the sense that the Employees Compensation Bureau is responsible for him.

Mr. LEA. Why not? On what theory would he be held not to be in the Government service?

Dr. FULLER. Well, because—and I would stand corrected on this if I may be wrong—the War Shipping Administration utilized the

services of private operators for operating ships during the war. I think that was in part the answer. The Government did not employ him, but the Government did employ the operator, who hired the seaman.

Let me make that plain. The Government did not employ the individual seaman; the shipping company employed the individual seaman, and the Government merely chartered the shipping company to operate the ship.

Mr. LEA. Now, as to one who was unquestionably in the Government employ, what would be his status?

Dr. FULLER. I do not know of any such, sir. There were several types of charter, but no type of charter provided that the individual seaman was an employee of the Government, except perhaps in the Army Transportation Corps, and those seamen are. I believe, beneficiaries of the Bureau of Employees' Compensation.

Mr. LEA. And the Navy Transport Service?

Dr. FULLER. I believe not, sir.

Mr. LEA. They are civilian seamen in transport service?

Dr. FULLER. The Army Transportation Service operated their ships with civilian employees, and the Navy I do not believe did. I believe the Navy staffed most of their transports and most of their supply ships with sailors on enlisted and commissioned status in the Navy—not civilians, in other words.

Mr. LEA. A man suffering that injury in the Navy transport would get the relief?

Dr. FULLER. The same relief that any enlisted sailor in the Navy got, or any commissioned officer in the Navy got.

Mr. LEA. That is all.

Mr. PRIEST. Doctor, are the merchant seamen presently covered under a retirement act?

Dr. FULLER. I do not believe so. There is the Old Age and Survivor's Insurance, but there is no special pension plan. That is tied in with the Federal Security Agency, with vocational rehabilitation. I am certainly not an authority on that.

Mr. PRIEST. I thought from something the chairman read there a moment ago—and perhaps I misunderstood, and that is the reason I asked the question—I thought that one of the statements made in the communication read by the chairman indicated that they were covered by the Longshoremen's Act, or some act under which longshoremen and dock workers were covered.

Mr. LEVINE. My name is Mr. Levine. I am with the CIO Maritime Committee.

The Longshoremen's and Harbor Workers' Compensation Act does not cover merchant seamen engaged aboard vessels. There has been a long-standing controversy whether or not seamen should be brought under a workmen's compensation scheme. The seamen have, through their unions and other means, for many years indicated to Congress that they prefer the present remedies, and when I get on the stand I might cover a few of those remedies and show you the scope and breadth of the present remedies, versus a workmen's compensation scheme.

Mr. PRIEST. I did not understand the communication of the chairman, and I wanted to be sure about that.

The CHAIRMAN. I think the communication to which Mr. Priest referred is that which I stated came from the Bureau of the Budget, which read, in the concluding sentence:

The Bureau of the Budget has on several occasions taken the position that legislation to extend to the merchant seamen the benefits of the Longshoremen's and Harbor Workers' Compensation Act would not be in conflict with the program of the President.

Mr. PRIEST. Thank you, Mr. Chairman.

Mr. DOLLIVER. As I understand it, you and your organization consider this legislation somewhat urgent?

Dr. FULLER. Yes, sir; we feel there are many seamen who legitimately merit the benefits of this act, especially if you compare them with other persons who engaged in the war effort, specifically, enlisted persons in the Army and Navy, or commissioned persons in the Army and Navy. There are many seamen who were definitely injured, and there were many young men, perhaps 100,000 young men, who came into the maritime industry during the war with the quite definite understanding that they were on exactly the same level of war service as the armed services. The Selective Service bore that impression out. They permitted these men, these young men, most of them in high school or early college age, to select whether they wanted to go into the Marine Corps or the Coast Guard or the Navy or the Army or the merchant marine, and these young men understood that they were in an honorable part of the armed services of the country.

Many of those men in Maritime training schools developed acute articular rheumatism and are cardiac cripples from that now. I believe there are many other people who will agree with me that they merit the consideration that is given them in this bill.

Mr. DOLLIVER. You said there were 100,000. Is that the total personnel that came in?

Dr. FULLER. No, sir; the maritime labor force rose from some 55,000 to some 280,000. Most of the 100,000 trainees I refer to have left the industry now.

Mr. DOLLIVER. I want to get at the number of people who would be beneficiaries of this legislation. Can you give us any estimate?

Dr. FULLER. Nothing like 100,000. It would be a comparatively slight number. The exact figures I do not know, because I am sorry to have to admit that we had no way during the war of gathering statistics on the number of merchant seamen who were injured. We did not have the personnel and we did not have the time.

Mr. DOLLIVER. You do not know whether it would be 200 or 5,000, do you?

Dr. FULLER. No, sir; I think perhaps we can give you a better idea later, but I repeat it would not be an astronomical number, it would be a reasonable number.

Mr. ROGERS. Doctor, what, in your opinion, would be the additional cost of the provisions of this bill to the Government?

Dr. FULLER. I am sorry, sir; I do not have any valid idea. It would depend upon the number of additional hospital beds that would have to be built. And it might possibly not be necessary to build any additional ones.

Mr. ROGERS. How could you give the estimated cost if this bill were passed?

Dr. FULLER. You would have to find out what the number of men who applied for this treatment during the first year would be.

Mr. ROGERS. There is no way to give this committee any information as to the number of men it would affect and how much it would increase the cost to the Government?

Mr. SANDERS. I do not believe there would be so many seamen involved. I believe that in all, of disability hospital cases, it would run less than 5,000 seamen covering all of the United States. I cannot see where it would increase the facilities.

Mr. ROGERS. Have you any facts to give the committee that you base that opinion on—that it will not cost more than \$5,000?

The CHAIRMAN. I did not take it that he said the cost would not exceed \$5,000. He said 5,000 seamen; is that right?

Mr. SANDERS. That is right.

Dr. FULLER. It might help the committee to go over the number of people who were in the maritime labor force prewar, about 55,000 seamen in the active maritime labor force. During the war there were perhaps 280,000 active seamen in the maritime labor force.

I do not know what that force is now, but certainly I should not think that when we get back to normal it would be much over the prewar maritime labor force.

Now, I do not believe that the members of the maritime industry are a feeble group of people. I think that they possess normal good health, and with the benefit of an industrial medical program I think we could keep this figure down to a reasonably low level, one that would not require any very great addition to the hospital appropriation.

Mr. ROGERS. When you say a low level what does that mean? In other words, we have a provision here for which we do not know what the cost will be, or how many men will be involved.

Dr. FULLER. Well, hazarding something of a guess, I should say that it would not increase—and again I stand ready for correction on this—I do not believe it would increase the hospital burden by more than 10 percent.

Mr. ROGERS. How much is it now?

Dr. FULLER. Well, there are about 100,000 seamen, I believe Dr. Anderson said.

Mr. ROGERS. What is the cost at the present time?

Dr. FULLER. The total cost of the hospital appropriation of the Public Health Service is around \$20,000,000 a year.

Mr. ROGERS. Then it is your opinion that it would add an additional \$2,000,000?

Dr. FULLER. I said an additional man-patient burden. I do not believe that the same figure of 10 percent will be added to the cost, because a certain part of the 10 percent increase in patient-days can be accepted without additional appropriation.

Mr. ROGERS. That is all.

Mr. HALE. Now, Dr. Fuller, you spoke about the war service, but, of course, there is nothing in this bill which is based on war service, is there?

Dr. FULLER. I did not catch the first part of your question.

Mr. HALE. There is nothing in this bill which is based on war service, is there?

Dr. FULLER. That is right.

Mr. HALE. I happen to have been on the Committee on Merchant Marine and Fisheries, and we worked on a so-called seamen's bill of rights.

Dr. FULLER. That is H. R. 476 of the present Congress.

Mr. HALE. I do not know what has become of that. What has become of it?

Dr. FULLER. It is still in committee, sir.

Mr. HALE. Some legislation along those lines should have been passed, but that is an entirely different problem, I would say, from this.

Dr. FULLER. That is right.

Mr. HALE. And you agree with that?

Dr. FULLER. Yes, sir; I believe some of the people covered by H. R. 476, though, would benefit by this proposed legislation.

Mr. HALE. Well, yes.

Dr. FULLER. You see, H. R. 476 included other things, educational benefits and so on, that are not included in this bill.

Mr. HALE. Yes, but that was based flatly on war service, and this bill is not.

Dr. FULLER. That is right, but I believe that some war-service injured people would be included in this bill.

Mr. HALE. Do you know what the bed capacity of the marine hospitals in the country is?

Dr. FULLER. I do not; no, sir.

Mr. HALE. Do you think that if this bill were to pass, it would not necessitate the construction of additional hospitals?

Dr. FULLER. I am not able to give an opinion on that; no, sir.

Mr. HALE. Is there anybody who can give that?

Dr. ANDERSON. The bed capacity of the marine hospitals is approximately 6,600 beds, the standard capacity. And as to the need for additional construction, the only statement I can make is this, that if retired seamen and those disabled come to our facilities for strict medical care provisions, I see no need for additional construction. However, if it is contemplated that domiciliary care may become a part of our problem, then an additional construction would be necessary, a hospital of possibly 500 beds or so, which is \$20,000 a bed at the present cost, to give you some idea of the capital investment.

Mr. LEVINE. This bill was introduced by Mr. Weichel at our request, and we did not contemplate domiciliary care.

I do, however, have some figures from H. R. 476, estimates from the hearings at that time, as to what the probable load will be. At that time the Maritime Commission estimated the number of disabled men—and mind you, this was only disabilities during the war period—who have left the industry, disabled men who have left the industry because of World War II, to be in 1947 approximately 3,237. And they went on to make estimates that during the year 1947 there would be 180 hospital cases from those 3,237 men.

Mr. HALE. Just a moment. Will you state what that 3,237 men represents?

Mr. LEVINE. That represented an estimate of the disabled men who were disabled during the last 4 or 5 years, for one cause or another, and left the maritime industry because of disability.

Mr. HALE. Is that disabled by virtue of war service?

Mr. LEVINE. I believe it is disabled from all causes. The point would be that that would be your maximum number. If these men were disabled and left the industry, many of them undoubtedly will get jobs in other industries and will no longer be available or entitled to benefits under this bill.

Mr. HALE. You mean that 3,237 is the maximum number of people who might require hospitalization under this bill?

Mr. LEVINE. Each year more and more seamen are permanently disabled; that is right.

Mr. HALE. Obviously.

Mr. LEVINE. I would not say that is the maximum, but I should think that it would be in that neighborhood.

I would like to point out that during the war, among merchant seamen, it was more likely that if your ship was bombed or torpedoed you would lose your life rather than just being disabled. And a large number of our disability cases are men who, because of frostbite and things of that sort, in lifeboats, were disabled; but the great bulk of the merchant seamen, in contrast to other services, lost their lives because the ship just went down and there were not facilities available to give medical care or to save the men.

But I also have some figures on age groups, and the figures during the war, when I am sure we had a larger proportion of aged seamen than at the present time or in prewar times, because we made a special patriotic appeal to men to return to the sea, and we had some men as old as 70 who did return to the sea to serve, the figures presented at that time, on page 393 of the hearings on H. R. 476—and this is a bar chart, and I am only estimating—it shows the percentage of men who were 65 years and over was a fraction of 1 percent; and I would estimate that the percentage of men who were 57 years and over was probably, from this bar chart, 2 percent, or something like that. I do not think that in normal times we have more than a few thousand men in the industry who are over 55 years of age, or who remain in the industry; and, in fact, the men leave the industry so early that we, as a practice, reserve the job of fire watchman, which is a relatively inactive job, for men who are 45 years and over. So, actually, your number of disabled men and your number of aged seamen will be very small, probably in the nature of an annual number of 5,000 at one time. And you must remember that those who are entitled to care under this bill are only those who remain in the industry and do not take other jobs, and then only a small proportion of those will require hospital care or will require out-patient treatment.

The estimate given here at that time, and maybe the costs have risen, but at that time they had an average cost of \$2 for out-patients, and an average cost for in-patients of \$262.50, but they had an estimated cost under H. R. 476 for a 10-year period, and miscellaneous items, of \$250,000.

It sounds relatively small, and I would like the opportunity to check it and provide a figure for the committee, but I am sure that with some facilities presently unused in the Public Health facilities, the costs are going to be kept down to a very nominal sum, probably in the hundreds of thousands of dollars; and if in the millions, only one or two million dollars at most.

The CHAIRMAN. Will you yield there for a moment? Before we leave that figure of 3,237 men to which you have referred, whose estimate is that?

Mr. LEVINE. That is an estimate of the United States Maritime Commission, I have it right here. It is an estimate made by the Research Division of the United States Maritime Commission, U. D. Butler, Director, and it was done by Donald R. Horn, the Assistant Chief of the Labor Research Section, in May of 1947.

Mr. HALE. Is H. R. 436 still in committee?

Mr. LEVINE. That is H. R. 476. That is still in committee, and Congressman Bradley has revised the bill and introduced a new version, the number slips my mind, but it was reintroduced early this year, and other matters have kept the Merchant Marine and Fisheries Committee, up to the present date, busy, and we have some hopes that the issue will be revived.

Of course, as you point out, that goes to the medical problems and other problems of war-service seamen, and what we are seeking in this bill besides is a general extension of the marine hospital rights to all merchant seamen, including those regularly employed as merchant seamen since and before the war.

Mr. HALE. You agree, do you not, that this makes the position of the merchant seamen more favorable than that of almost any other profession?

Mr. LEVINE. I do, but it has been so in every maritime nation over hundreds and hundreds of years, and in my prepared statement I go back into a little of the history not only of this Nation but of all of the maritime nations of the world, and discuss the specific reasons for that.

The CHAIRMAN. We will be glad to have that.

Would you permit me at this point to call attention to what the Bureau of the Budget said with respect to the matter that you have just raised? This analysis, to which I have previously referred as having come from the Bureau of the Budget, says this:

The principal objection to H. R. 4163 is that it would extend a small segment of the population additional benefits not normally available to the general population. For historical reasons merchant seamen are already entitled to special benefits in the form of medical and hospital service at Government expense, which are not available to the general population. These historical conditions, such as abnormally low wages and extremely poor working conditions, have largely been corrected, but there has been no corresponding curtailment in the special benefits available to merchant seamen. To extend additional benefits at Government expense to this same group would be grossly unfair to workers in other industries which are equally essential to the national welfare.

I think that is the thought that you were expressing in your question.

Mr. HALE. It was the thought for which I was groping.

Let me ask you this other question, Mr. Levine. Do you know whether the British Government, which is probably more dependent on its merchant seamen than we are, hospitalize at Government expense not only all merchant seamen but all ex-merchant seamen?

Mr. LEVINE. The British Government at the present time is now engaged in putting in a medical system for its entire population, and will do exactly what this bill does for every citizen, and presumably for every noncitizen who resides in the British Isles.

Mr. HALE. That is a general insurance system, and I am not talking about that.

Mr. LEVINE. It is not a general insurance system, exactly; it is financed a good deal out of general appropriations. I would say generally that every maritime nation makes provision for its merchant seamen to a greater extent that we do; that actually, there are domiciliary functions and things of that sort, in Norway and Sweden and other such nations, which go far beyond what is even contemplated in this bill.

Mr. HALE. But has it been the British practice to hospitalize all former merchant seamen at Government expense?

Mr. LEVINE. I could not say offhand whether or not it is done at Government expense. I do know that they do get such care. I would have to check on that.

Mr. HALE. If there are statutes like this actually in effect in England, Norway, Sweden, and other preeminently maritime nations, I would like to have them brought to my attention.

Mr. LEVINE. I do know that France, for instance, has had since the time it was a kingdom, over one-hundred and sixty-odd years, a pension scheme for seamen that includes both a pension and medical care at the age of 55. And I will check—I am sure these other nations have very extensive medical provisions far in advance of what we are asking here, and I will be glad to prepare those and bring them in to you.

Mr. HALE. I would like to have specific citations.

The CHAIRMAN. It is very interesting, by way of comment at that point, to note from the statements just made by the witness that these countries that are so dependent upon the United States for maintaining their economy, have gone as far as the witness has indicated.

Have you finished, Mr. Hale?

Mr. HALE. Yes.

The CHAIRMAN. I would like to ask you, Dr. Fuller, is your testimony to be taken as favoring anything different than is set forth in the report of the Maritime Commission?

Dr. FULLER. No, sir.

The CHAIRMAN. In view of the statement that I read from the Bureau of the Budget, would you feel that any expression of opinion by the Bureau of the Budget would control you in the thoughts that you would express?

Dr. FULLER. Of course, I am governed by the program of the President. In that matter, my testimony was simply enlarging upon or giving greater descriptive enlargement of the letter that was forwarded to this committee by the Maritime Commission.

The CHAIRMAN. I understand that, and I thought that your position was such as I have indicated, that you would of course feel compelled to stand on the report of the Maritime Commission.

Dr. FULLER. Entirely so.

Mr. KEOGH. May I ask the doctor one question?

As this bill now stands, Doctor, it is possible that all who are or who have been engaged as seamen would be eligible for hospitalization?

Dr. FULLER. Provided you could trace their disability continuously back to an injury or a disease incurred while they were merchant seamen; yes, sir.

Mr. KEOGH. As Dr. Anderson pointed out in his former statement, there apparently is no limitation on the criteria with respect to age or disability or unavailability of employment. I am leading to this question: That any estimate of the maximum number who would become eligible for hospitalization under this bill would depend upon what limitations are imposed with respect to eligibility, and would depend, for example, on whether hospitalization would depend upon the establishment of service connection for the disability, would it not?

Dr. FULLER. Yes, sir; I believe so.

Mr. KEOGH. But as the bill now stands, it makes eligible everybody who is or has been employed as seamen?

Dr. FULLER. As I see it, the eligibility is sharply limited to continuing treatment for recurring disability incurred while a seaman. In other words, this does not open, without any limitation, treatment at any time of any person who had been a merchant seaman. It is only those merchant seamen who incurred a disease or a disability, such as the one that I mentioned, immersion foot, and who were disabled continuously during the time of this treatment. The treatment might extend, instead of a short time, it might extend over a very long time.

Mr. KEOGH. Are you not reading that into this bill? As a matter of fact, the question as to whether the disability has been in service or not is not clear from the language of the bill itself.

The CHAIRMAN. Mr. Keogh, will you permit me to bring to your attention, at that point, that this statement contained in the letter of W. W. Smith, Chairman of the Maritime Commission, is as follows:

The bill would grant medical treatment to seamen without taking into consideration whether the illness or disability was employment-connected, the length of their employment as seamen, or their age. It is therefore suggested that the bill be amended in the following particulars—

and then there are suggested amendments.

Dr. FULLER. That is all I am reading into the bill.

Mr. KEOGH. That is the point that Dr. Anderson made; is that correct, Dr. Anderson?

Dr. ANDERSON. That is correct.

Mr. KEOGH. Thank you very much.

The CHAIRMAN. Are there any further questions, gentlemen?

The next witness will be Mr. Seth Levine, research consultant of the CIO Maritime Committee, Washington, D. C.

Mr. KEOGH. Before Mr. Levine starts, may I make inquiry as to what your proposal is with respect to running this hearing?

The CHAIRMAN. It is my desire, in the absence of any call from the House, to continue until we finish. There is only one other witness, Mr. Hogan, president of the National Marine Engineers Beneficial Association, and my information is that his statement will take a quarter of an hour; and the witness before us, I am informed, has felt that a half hour would cover his testimony. Of course, that depends to some extent upon the number of questions that are asked; but if these two gentlemen do not exceed the time which they have indicated, we should be through shortly after half past 12.

STATEMENT OF SETH LEVINE, RESEARCH CONSULTANT, CIO MARITIME COMMITTEE, WASHINGTON 3, D. C.

Mr. LEVINE. I hope to keep my statement down to about 8 or 10 minutes, and then whatever you have for question; I will be very brief.

The CHAIRMAN. Mr. Levine, I do not want you to feel that you are being curtailed. I have in mind that you probably know the situation from a practical standpoint as well as any witness that would be called before the committee, and therefore I would like for the record to be just as full as you wish it to be. That may encourage you to speak more at length than you have just indicated, or it may indicate to you that you would prefer to put it in the form of a statement in addition to what you have testified to at the present time. But, in any event, we want you to put everything in the record that you desire.

Mr. LEVINE. Thank you, Mr. Chairman.

I have a brief prepared statement which I would like to read and then briefly discuss several of the points that were raised this morning.

The CIO Maritime Committee, which represents over 200,000 licensed officers, seamen, and allied maritime workers, urges prompt and favorable action on H. R. 4163.

Because of the nature of the employment, the hazards and the absence from home, maritime nations for hundreds of years have made special provisions for medical care for seafarers. Our First Congress in its first session on July 20, 1789, passed a resolution calling for the appointment of a committee charged with bringing in a bill providing for the establishment of hospitals for sick and disabled seamen. Upon recommendation of this committee, the Congress passed a law on July 17, 1798, providing for the establishment of marine hospitals. Thus, July 17 of this year marks the one hundred and fiftieth anniversary of congressional action on medical care for seafarers.

From 1798 until 1870 this medical care was paid for by a tax deducted from seamen's wages. In 1870 the original rate was doubled, but the tax proved so onerous and unjustified that in 1884 Congress repealed the 1870 act and provided that marine hospital service should be maintained out of a fund secured through the assessment and collection of a tonnage tax. In other words, for a period of nearly 100 years the seamen financed the development of marine hospitals and medical care for themselves out of their own earnings, and for a period of approximately 20 years the development of this service was financed by a tax on tonnage. This measure, in turn, was repealed by an act in 1905, which provided that henceforth marine hospitals should be supported by an annual appropriation.

During all the years that it has administered the marine hospitals, the United States Public Health Service has been sympathetic to the medical problems of our seamen and has endeavored to maintain the highest standards. Through the years, additional classes of beneficiaries have been admitted to marine hospital care; and, unfortunately, at times the facilities have not been adequate to afford satisfactory service to all. I have since been informed that at the present time there are adequate facilities, and by that statement I do not want it to be interpreted that we do not need new hospitals in certain locations or for particular purposes, but, over all, the hospitals, I am informed, are not overcrowded at the present time.

Moreover, certain statutory limitations have unintentionally restricted the scope of marine hospital care for merchant seamen.

It is our understanding that the United States Public Health Service feels that it must limit medical care for merchant seamen, because of statutory requirements, to seamen who apply for such care within 90 days after their last 60-day period of service. The United States Public Health Service, recognizing the inequities caused by the 90-day limitation, has endeavored to provide medical care for seamen who have been ashore for longer periods of time due to economic conditions affecting the industry. However, our committee is informed by the personal service department of the National Maritime Union that the admitting offices of the various marine hospitals do not always recognize unavailability of employment. The personal service department has given seamen letters verifying the unavailability of jobs in their ratings, and on occasion such verification has not been honored by the United States Public Health Service. Accordingly, we believe that it is essential to clarify the rights of unemployed seamen to medical care at the marine hospitals and the authority of the United States Public Health Service to provide such care. The definition suggested by the Federal Security Agency and the Maritime Commission, namely, "closure of navigation or economic conditions resulting in decreased shipping, with consequent lack of opportunity to ship," seems to us to be satisfactory and workable.

Similarly, we feel that it is essential to clarify the rights of aged and disabled seamen to medical care at the marine hospitals. Since its founding, our Nation has had a public policy of providing medical care for its merchant seamen. Certainly it is unjust to deny such care to a merchant seaman at a time when he needs it most; that is, when he is disabled or is aged.

In regard to disabled seamen, it has been suggested that the right to marine hospital care be limited to disabilities which are service connected. The concept of service connection is completely foreign to the maritime field. Maritime nations throughout the centuries have recognized the peculiarities of the seafaring profession and have provided for all of the medical needs of the merchant seamen, not just those that are directly related to his employment.

I would like to turn away from my statement at that point to state that the concept of wages, maintenance, and cure, which several previous witnesses have discussed, and which is a concept which is common to almost all maritime nations, applies in all cases whether the injury is service connected or not, provided it occurs during the time period that the seaman is in the employ of the vessel; and in recent court decisions this concept has been broadened in many respects to go beyond the actual time period while the man is under articles, where the disability can be reasonably connected solely to the time period of service with the shipowner. In other words, in other industries, where you have the concept of service connection; you always imply by "service connection" the fact that the employer was at fault or that the disability was directly attributable to the employment and not just that the employee becomes ill during that time.

The CHAIRMAN. Not necessarily that the employer was at fault; it may have been a fellow employee.

Mr. LEVINE. Or a fellow employee.

What you have done by workmen's compensation is that you have taken over the uncertainties of the workmen's-compensation scheme and you have put in a general-insurance scheme, but solely to cover those things which are directly related to the employment. If a worker, through natural causes, becomes disabled while at his job, it is my understanding that he is not entitled to workmen's compensation. But a seaman who becomes disabled through natural causes while he is aboard the vessel is still entitled to wages, maintenance, and cure; and similarly, the doctrine of negligence, as it applies to seamen, has been much more liberally interpreted than it has with regard to shore-side employment, and certainly the reasons for this are many; they are logical. It is not only that the seaman in olden days had miserable conditions and his wages were very low, but it is also that the work is by nature arduous and that it takes him away from a place where he is apt to have family or friends or other persons to help him out in time of travail. The seaman is normally stranded or isolated in a city or town where he has no friends, where he has no family, and where he has no one to take care of him. Frequently his financial resources, if he has any, may be at some other city, and he may not want to carry them around with him, even though he has financial resources.

And so, you have always made special provision, not only in our Nation, but in all nations throughout the world, for medical care for merchant seaman. Indeed, it is doubtful if the concept of work-connected disabilities could be applied to the maritime industry without causing great hardship and injustice. There is conclusive evidence of many occupational diseases among merchant seamen resulting from the nature and rigors of their work. If the right of disabled seamen to marine-hospital care is limited to service-connected disability, serious problems would arise in regard to such proof prior to admittance to a hospital. Since periods of hospitalization are in many cases necessary before the service-connected nature of the disability can be shown, such a restriction on marine-hospital care would be impractical.

And again, I should like to point out there that by not putting in a service-connection requirement, you still would not be opening the doors very widely. The number of merchant seamen who are permanently partially or totally disabled, or injured to a degree they cannot work elsewhere, is relatively small. And only those men—that is, the men who have not changed their occupation—would be entitled under this bill to continuing medical care.

Both the Maritime Commission and the Federal Security Agency have raised the question of specifying a minimum age in H. R. 4163 below which a seaman could not be considered as unavailable for work because of age. The Maritime Commission suggested a stipulation of 65 years. The Federal Security Agency favors specifying age but does not include a clause as to what it believes the minimum age should be. The shipping rules of our affiliated unions, based on years of experience, require that the less-active rating of fire-watchman be reserved for men 45 years or older. All maritime nations recognize that seamen, because of the nature of their work, grow old faster; that is, old in a physical sense. France, when it was still a monarchy, one hundred and sixty-odd years ago, recognized this fact by establishing a pension system for seafarers which, incidentally,

today provides pensions for French seamen beginning at the age of 55. Similarly, many other maritime nations have pension systems for their seamen which begin at an earlier age than the old-age benefit systems in operation for shoreside workers in the respective countries. It is our belief that no needy case should be barred by an arbitrary age limit to be placed in H. R. 4163. We believe that this is a question which can properly be left to administrative discretion.

However, if the committee is of the opinion that an age limit should be placed in H. R. 4163, we urge that it be no higher than 55 years. The minimum age of 65 years suggested by the Maritime Commission is completely unjustified. Tables prepared by the Division of Economic Statistics of the United States Maritime Commission and included in the hearings on H. R. 2346, Seventy-ninth Congress, on the percentage distribution, by age, of seamen, show that only a fraction of 1 percent of all seamen during the year October 1, 1943, through September 30, 1944, were over 65 years of age, and that only about 5 percent were over 51 years of age. Our experience shows that hundreds of aged seamen returned to the merchant marine during the war years because of patriotic motives. In peacetime very few seamen are able to continue shipping until they are over 65 years of age. By "very few," I think the figures would be measured in tens rather than in hundreds.

It should be pointed out also that the great majority of seamen begin working at early ages and that by the time a seaman reaches the age of 55 he usually has at least 35 years, and frequently 37 or 38 years of work at a hard and uncertain calling behind him. Consequently, we believe that if an age must be stipulated in the bill, 55 years is a reasonable figure.

The issue before the committee today is not new. H. R. 4746, Seventy-ninth Congress, introduced by Representative Richard Welch on November 19, 1945, was directed at the same problem we seek to meet today with H. R. 4163. The bill under consideration has the support of all interested Government agencies, I might say, with the exception of the Bureau of the Budget. We are sure that it has the support of every member of the House Merchant Marine and Fisheries Committee, in addition to the chairman of that committee, who is the sponsor of this bill. This bill, in fact, arose under discussion with other measures before the Merchant Marine and Fisheries Committee.

We urge the committee to act promptly and favorably on H. R. 4163.

That completes my statement. If the committee wishes, I will say a word or two more about the obligations of the shipowner, although I think that they are fairly adequately covered in the Maritime Commission letter.

The shipowner has the obligation, as we said, of wages, maintenance, and cure; that is, wages until the end of the voyage or until the man is cured; it is maintenance if the man is injured or disabled but is outside of a facility where he is being given maintenance; and cure meaning medical care until he is cured or until medical help will be of no avail, until the man is permanently disabled and the doctors can do no good for him.

It has happened that over the years, the development of the marine hospitals has taken over the function of these shipowners in regard to cure, in this country, and to that extent the shipowner is not liable

and saves the expense of a cure for a seaman who is disabled in his service. He has to provide that cure if the seaman is disabled and is put off the ship in a foreign port, or perhaps even in this country, where there is no marine hospital facility available, although I am not sure. He may get reimbursed in this country by the marine service; is that right?

Dr. ANDERSON. He is not reimbursed, but we have provisions for the emergency medical care of merchant seamen wherever they may be. If there is a hospital or doctor, he can receive care.

Mr. LEVINE. The doctrine of cure has been taken over completely, within our own borders, by the United States Public Health Service, but so far as the shipowner's liability is concerned, he still is liable for the wages and he still is liable for the concept of wages, maintenance, and cure for disabilities which occur overseas.

There are also the common-law provisions available to the seaman, where he can sue for negligence or unseaworthiness or other causes, and these provisions have been very liberally extended by the Jones Act of 1920 and by other acts. So that it is the feeling of merchant seamen at the present time that, comparing the average recovery under the common law, and other provisions for suit against a workmen's compensation scheme, which has been suggested, such as the Longshore and Harbor Workers Compensation Act, the seaman is much better off today and it would be folly for him to take a workmen's compensation scheme which would afford him less recovery.

In 1941, various governmental agencies set up a committee, a co-ordinated committee to study this problem, and suggested at that time a very liberalized form of workmen's compensation which probably would have given the seamen as good a break as they get under the present provisions of law. However, no action has been taken in regard to putting that liberalized system into effect, and in comparison with less liberal systems the seamen have always desired to remain under their present remedies.

The CHAIRMAN. Right at this point, you will repeat for my benefit the name of the committee or the commission that made that study?

Mr. LEVINE. It was an interdepartmental committee, it was in the year 1941, and I do not remember the exact name, but it included representatives of the Federal Security Administration, the Maritime Labor Board which was in existence at that time, I think probably the Maritime Commission, and several other agencies. I have a copy of the report, and if you would like, I would be very glad to bring the report in and let you peruse it at your convenience.

The CHAIRMAN. I would like to have you make it available to our staff.

Mr. LEVINE. I would be very glad to make it available to your staff, with one proviso, that ultimately it be returned to me, because I have only one copy of it.

The CHAIRMAN. Are there any questions, gentlemen?

Mr. KEOGH. May I suggest to Mr. Levine that throughout his formal statement he makes some general statements with respect to the matter alluded to by Mr. Hale earlier, and that is what other maritime nations have done. As I say, you make a general statement that they recognize the peculiarities, and they have made provisions, and the only instances given in your statement is what France has done.

I wonder if it would be in order for me to suggest that Mr. Levine file a supplemental statement with the committee, indicating what specific steps have been taken or legislation enacted with respect to benefits to seamen.

The CHAIRMAN. If Mr. Levine is in a position to do so.

Mr. LEVINE. I was present at the International Labor Conference in Seattle in June of 1946, and I did accumulate a good deal of data there, and I can check through the ILO office here. I did not have an opportunity to have all of those things at my fingertips, because we had four hearings today, but I would be very glad to do it, Mr. Keogh.

Mr. KEOGH. You also take the position that the adoption of the concept of the work or service-connection disability is impractical. Do I recall correctly that under the seamen's bill of rights there is a provision for the issuance of certificates of service?

Mr. LEVINE. Under the Merchant Seamen's War Service Act, there is a provision for the certificate.

Mr. KEOGH. Was there not provision for the issuance of a statement with respect to the physical condition of the seaman?

Mr. LEVINE. There was a provision for the inclusion upon the certificate of a death or disability endorsement. However, whether or not a disability endorsement would be placed on the certificate was based on service-connected or not, was a matter of dispute in the hearings.

Mr. KEOGH. You were advocating the adoption of such a certificate and the notation with respect to disability on it?

Mr. LEVINE. But the adoption of a time concept, and not of a service-connected-disability concept, in terms of what we normally think of in shoreside employment, that you have to prove that the actual disability you have is attributable to some peculiarity or directly attributable to some peculiarity of the employment.

Mr. KEOGH. My only point is that if there is the recognition in another piece of legislation of the adoption of the concept of service-connected disability, even though in conjunction with the time service. Should it be so impracticable to adopt such a concept in legislation such as we have before us?

Mr. LEVINE. Mr. Keogh, my worry is this, and if I can give an example it will probably bring the thing forward. Suppose a man serves in the merchant marine for a period of 10 years, and then suddenly develops a very severe case of ulcers and is unable to work. I don't know that ulcers is a good example, but he is unable to work at any other occupation. I am fearful if you put in the concept of service-connection, that that man will have to prove that the ulcers were directly attributable to the fact that he was a seaman.

Mr. KEOGH. That is no more of a burden than is placed upon a veteran who seeks to establish service-connection many years after his military service. It is precisely the same, in my opinion.

Mr. LEVINE. No; I am not sure about the veteran's status. I think if the veteran can attribute it to the fact that it was within that time period that the cause started, he can do that.

Mr. KEOGH. That is one way of establishing service-connection, but he has the same burden of proving that the illness of which he now

complains is connected with his military service. I see offhand no injustice to suggesting the same thing here.

Mr. LEVINE. By a concept of service-connected, would you limit a man who has a service-connected disability that is very clear-cut to treatment solely for that service-connected disability?

Mr. KEOGH. On the contrary, as I understand it, if a veteran has a service-connected disability, he is entitled to hospitalization whether for that disability or anything else. That entitles him to hospitalization.

Mr. LEVINE. If the committee would put in a properly safeguarded concept of service-connection disability, I think we would be prepared to provide whatever assistance we can in the drafting of such a concept.

Mr. KEOGH. On page 4 of your prepared statement, you make reference to the percentages. I wonder if you would be good enough to give us the base on which those percentages were computed. You say a fraction of 1 percent were over 65, and about 5 percent were over 51. That is out of how many at that time?

Mr. LEVINE. Out of 100 percent, those are percentage figures.

Mr. KEOGH. What does 100 percent equal?

Mr. LEVINE. It was approximately 240,000 men as 100 percent at that time.

Mr. KEOGH. Thank you very much.

Mr. HALE. Of course, Mr. Levine, you said quite a little about the doctrine of maintenance and cure. I think it is perfectly true that that doctrine puts maritime employment in a different category from any other known form of employment, but certainly the doctrine of maintenance and cure is the very antithesis of the very doctrine that is now being contended for, that is, the doctrine of governmental responsibility for the seamen.

Mr. LEVINE. Whether or not there should be a tax upon the employers to partially or totally pay for the marine hospitals, I am not prepared to say. That is not within my province.

I will make this comment, that it has been the practice in most of the maritime nations for the government to slowly but nonetheless continuously take over certain of the functions of the shipowners in regard to maritime employment.

Mr. HALE. Of course, as long as the seaman gets maintained and cured, he does not particularly care whether it is being done by the employer or by the government. But it makes quite a little bit of difference to the government.

Mr. LEVINE. I should think he would probably prefer the Government, because the standard of services is more uniform and perhaps even better than what would happen if he got isolated elsewhere.

But the cost, I am quite sure, will be very minor in connection with this bill, and you have here a historical precedent and to me a logical policy based on peculiarities of employment, and also based on the fact that the merchant marine stands in a different relationship to the national economy and to the national defense than many other industries.

Mr. HALE. This bill goes way beyond any maintenance and cure principle, because the doctrine of maintenance and cure applies only to seamen, and it does not apply to ex-seamen.

Mr. LEVINE. That is true. What we want to do in this bill is to first of all get clarified this question about the unemployed active seamen, and the Public Health Service says at the present time it does not cover those men. We have had complaints that problems have arisen in regard to unemployed active seamen being admitted for marine hospital care. We think that it ought to be statutory so that there can be no question about the powers of the United States Public Health Service in that regard.

Then the other phase of it is, of course, those aged and disabled seamen who are still seamen in the sense that they have not changed their employment, and in the sense that they retire from active seafaring solely because of the disability or because of the age, which prevents them from continuing at that work.

Mr. HALE. That is all.

Mr. KEOGH. Mr. Chairman, may I ask another question?

May I probe you with respect to the statement made earlier, Mr. Levine, with respect to the apparent inclination of seamen to rely upon their common law rights with respect to compensation for injuries?

As I recall, in response to a question put to Dr. Fuller, you indicated that the average recovery to the seaman was greater under that practice than it would be under any schedule set forth in a compensation act.

Mr. LEVINE. Under schedules normally contained in existing workmen's compensation acts.

Mr. KEOGH. What I would like to know is whether you think that that is a fair statement to make, when you reduce the lawsuits to average recovery as against the lawsuits commenced? Not every seaman who brings the action obtains a verdict, does he?

Mr. LEVINE. That is true.

Mr. KEOGH. So that you could tell him, as long as you want, that the average recovery is higher than compensation, but that does not give him any compensation at all, does it?

Mr. LEVINE. Mr. Keogh, my statement was based on a large statistical study made by the interdepartmental committee in 1941, at which time, if my recollection serves me right—and I have not looked at it for a year or two—they compared the actual recoveries in court of a fairly representative sample with what the men would have recovered under what I consider to be a very liberal system, compared to the existing systems, and they found out that they would be about equal. In other words, they purposely designed their system to presumably give the seamen a fair break in comparison with what he was getting at the time. But that actual system, of course, is in advance of most of the State systems, and that is why I made the statement that the average recovery is better today than it would be under the typical system.

One of the major problems, for instance, is the fact that many of the State systems, I understand, and other types of systems such as longshore and harbor workers, have a top limitation on them, which as I understand is very restrictive in comparison to some of the recoveries that seamen get.

Mr. KEOGH. That is true, but the eligibility for compensation under the average State system or under the Longshoreman or Harbor Workers Act, is not as stringent as the seaman commencing his own action. The freedom from contributory negligence does not enter into it.

Mr. LEVINE. That is true. However, I might say that the courts have been extremely liberal in regard to merchant seamen, and that the merchant seamen's suits are generally, I think—I am not a lawyer—but I think they have certain legal rights or they are more advanced than those which prevailed under common law for shoreside workers, plus the fact that the courts have construed it over a period of years to give them very broad rights.

Mr. KEOGH. That may be due to the lack of any compensation act for seamen.

Mr. LEVINE. What it is due to I could not say, but the fact is that it is the law of the land today.

I understand that our law is based predominantly on precedent. I think, or in the absence of statutes and in matters such as this it is based on court precedents, and I have studied some of the cases covering seamen, and I would say I think it is fair to say for the record that they have received quite fair treatment at the hands of the courts.

Mr. KEOGH. That is when they receive verdicts, but the fellows who do not receive verdicts get nothing, do they?

Mr. LEVINE. Of course, a system of insurance always has that advantage over a system of suits under common law, but, of course, the relative advantages must be balanced off in some respects, based on your concepts of what is desirable. They must be balanced off against each other.

Mr. KEOGH. What was the basis for your statement that the average seaman prefers to proceed under his common-law rights as extended by the decisions of the courts?

Mr. LEVINE. The basis was that on several occasions when bills have been introduced, we referred those bills to our respective affiliated unions—the CIO Maritime Committee is composed of several unions—and the issue was discussed at various membership meetings and votes taken, and we had such instructions at the time.

Mr. KEOGH. Let me ask you, do your component units recommend the lawyer who will represent the average seaman in those suits?

Mr. LEVINE. No, sir; we maintain, for the benefit of the seamen, a list of lawyers, which is posted in the injury and illness department, and we will place upon that list any lawyer who signs an agreement or sends a letter to the union agreeing to charge no more than the 30-percent fee. The purpose of this list was in a sense a bludgeon over the lawyer to break down what we felt were formerly exorbitant fees.

Mr. KEOGH. Any lawyer who agrees to that is eligible to go on that list?

Mr. LEVINE. Yes.

Mr. KEOGH. Do you have any available statistics as to the number of cases that are brought by the union's lawyers, we will say?

Mr. LEVINE. The union's lawyers do not bring any cases as counsel for the union.

Mr. KEOGH. I understand that, but in those instances they would be acting as counsel for the injured seaman.

Mr. LEVINE. If the injured seaman chooses the name of the counsel that is retained by the union for its regular legal work, that, of course, is the prerogative of the seaman; and the counsel's name is not marked off in any way, it would merely be on the list.

Mr. KEOGH. My question was: Do you have any statistics indicating the number of such actions that have been brought by individual seamen by the lawyers who are also the lawyers for the union?

Mr. LEVINE. I do not offhand have such statistics. One of the members of the firm that represents the National Maritime Union happens to be testifying today before the Judiciary Committee, and I may be able to get a figure. I questioned him recently on the general situation, because one law firm asked me what our procedures were, and I didn't know, and I found out that they maintained this general list; and he said at that time or I got the impression that they were handling a relatively small proportion.

Mr. KEOGH. If it is not inconvenient, I think it might be interesting for the record, subject to the approval of the chairman, for you, if you can, to take a couple of typical districts like, say, the port of New York, for example, and let us have the statistics with respect to the number of actions brought under the Jones Act, or actions brought by injured seamen, and the number of such actions brought on their behalf by the lawyers for the unions of which they were members.

Mr. LEVINE. I do not know that I could do that, Mr. Keogh. That would involve—I could make two comments on that—that would involve probably going to the court records, because most of these lawyers I don't know. I could ask our counsel. The second question is, I don't know what the ethics of the legal profession is, whether that is a proper question or not, and I will leave it up to our counsel. I mean I will ask him.

I will say also that Mr. Hogan's union, which is the National Marine Engineers' Beneficial Association, which is a member of our committee, retains as its general counsel Mr. Lee Pressman, who was the general counsel of the CIO and who recently resigned; and Mr. Pressman, for instance, has not heretofore and I don't presume will hereafter handle any of these claims. So that insofar as Mr. Hogan's union is concerned, that is one point.

Mr. KEOGH. I am not interested in those who will not handle the claims. I am primarily interested in looking, if possible, at some statistics with reference to those who have and will handle them.

Mr. LEVINE. I was just pointing out that some of the maritime unions have counsels for the unions which don't handle any claims whatsoever, of seamen.

Mr. KEOGH. May I repeat that those I am not interested in. I would be interested in seeing, if possible, the statistics with respect to those who do.

Mr. LEVINE. I will try to get what I can.

Mr. KEOGH. Don't go to too much trouble on it.

Mr. LEVINE. All right.

The CHAIRMAN. I want to ask a few questions. You have made reference to a study that was made by an interdepartmental committee. I assume that committee made recommendations. Did that committee, in its recommendations, suggest that there should be any contributions for the benefits received, on the part of the seamen, or by the ship-owners?

Mr. LEVINE. This interdepartmental committee did not deal directly with the problem at hand. It dealt more with the problem of compensation for injuries, during the course of service. I don't remember

exactly what they suggested in regard to medical care, but I don't think the issue at hand was very closely discussed by this committee.

I raised the problem merely to show some of the types of remedies that are available to seamen, because questions had been raised.

The CHAIRMAN. You have also made reference to statutes in other countries that would give some benefits to seamen in the nature of pensions. Is there any contribution there from the seamen or from the shipowners?

Mr. LEVINE. In pension schemes there are contributions which vary, country by country, depending on the state. I would rather not risk saying offhand. I thought I remembered Norway's contribution, but I do not offhand. It is distributed in most cases among the three parties, although in one or two states the state does maintain the full facilities. But of course, that again is a pension scheme, which is much further than just the medical care.

The CHAIRMAN. You made some reference to contributions which in the past have been made by seamen for marine hospitals. Do they make that contribution now?

Mr. LEVINE. The original rate of contribution, as Dr. Anderson has said, was 20 cents per month per seaman. That prevailed from 1798 until 1870; and in 1870 the rate was doubled to 40 cents, and that persisted until 1884 when Congress, finding that the tax on the seaman was onerous and unjustified, repealed the 1870 act and applied instead a tonnage tax. That tonnage tax remained in effect until an act of 1905, and I have not had an opportunity to check back into this act of 1905 to find out why Congress took the burden off the shipowner, in effect, or the shipper it may be, you might say, and put it on the Federal Government.

The CHAIRMAN. Do you know of any industry in our country where the workman receives the benefits that a seaman does, or which are contemplated under this legislation, without contribution either by the employee or by the employer?

Mr. LEVINE. Off-hand, I know of no industry, but I do say that of course, certain phases of the armed forces, which are in some respects analogous to the merchant marine, do receive these benefits. For instance, I am informed that the Coast Guard, which admittedly is a uniformed official armed force of the United States Government, has benefits which go beyond this. For instance, the Coast Guard officer can bring his wife into a marine hospital by paying a nominal sum, and I think the per diem rate is \$1.75 per day.

The CHAIRMAN. I am speaking particularly of industry.

Mr. LEVINE. I know of no private industry. But that has been so, of course, all through the history of the maritime industry, and for that matter through general history of the last several hundred years.

The CHAIRMAN. That is all.

CIO MARITIME COMMITTEE,
Washington 3, D. C., March 15, 1948.

CHARLES A. WOLVERTON,
*House Interstate and Foreign Commerce Committees,
House Office Building, Washington, D. C.*

DEAR SIR: During the hearings on H. R. 4163, Representative Hale requested information in regard to availability of medical care for aged seamen in the British Isles. I am informed by Mr. McDonald Gordon and Mr. H. F. Hancock, assistant shipping attaché of the British Embassy, that merchant seamen are covered by the British national insurance scheme, which is a contributory scheme,

and that disabled or aged British seamen are entitled to medical care without additional contribution to the national insurance fund. In addition, aged British seamen are entitled to their old-age pensions and to the free use of cottages for residential purposes. The cottages are maintained out of funds provided by the Government.

I am submitting herewith for the use of your staff a publication of the International Labor Office entitled "Social Security for Seafarers," which contains much useful information about provision for disabled and aged seamen in other maritime nations.

During the hearings Representative Keogh requested information in regard to the proportion of seamen's cases in the National Maritime Union which are handled by the general counsel for the union. As I pointed out at the hearings the union maintains a list of all attorneys who agree to charge no more than reasonable fees from which members of the union are free to make their own choice.

While no statistical data are available, I am informed that less than 10 percent of negligence cases arising among members of the National Maritime Union are handled by the firm maintained by the general counsel of the union. I believe it is important to point out that the general counsel makes a practice of accepting cases which are turned down by many other attorneys, not because the cases are not well-founded, but solely because the attorney stands to fare poorly from a financial point of view. In fairness to the general counsel it might be said that his official position and his devotion to the membership leads him to perform many services for the membership which are to his financial disadvantage.

Sincerely yours,

SETH LEVINE, *Research Consultant.*

The CHAIRMAN. The next witness is S. J. Hogan, president of the National Marine Engineers' Beneficial Association.

STATEMENT OF S. J. HOGAN, PRESIDENT OF THE NATIONAL MARINE ENGINEERS' BENEFICIAL ASSOCIATION, WASHINGTON, D. C.

Mr. HOGAN. Mr. Chairman, I am appearing in behalf of the membership of the National Marine Engineers' Beneficial Association urging support of H. R. 4163 introduced by Mr. Weichel, which provides for hospitalization for seamen.

Of course, the membership of this organization are licensed officers, but in a sense they are termed as seamen aboard ship, and they are entitled to hospitalization under the United States Public Health Service.

H. R. 4163 was introduced as a result of resolutions passed at several of our national conventions, and I am attaching copies of two of those resolutions, both of which relate to hospitalization for seamen and their families by admittance to the United States marine hospitals.

Also attached are copies of a letter addressed to Surgeon General Thomas Parran, in which you will note I tried to get admission in the marine hospital for one of our members who needed medical care very badly. My letter, the reply thereto, and the publication concerning medical relief benefits for merchant seamen, all of which are attached and self-explanatory. This member was denied hospitalization, and the United States Public Health Service used the term that a seaman was only entitled to hospitalization within the scope of 90 days of his last sea service.

In many instances a seaman may come in from a long voyage and be put on the beach, remaining away from the ship 90 days or more. In order for him to get hospitalization in the marine hospitals he would have to get a certificate from the master of the vessel in which he was employed before he would be admitted. I have always maintained that insofar as a marine engineer or a deck officer is concerned, if they

can produce their licenses they should be entitled to hospitalization as long as the license is up to date, which should be sufficient proof that they are seamen.

I sincerely hope this committee will give favorable consideration to H. R. 4163.

I would like to submit for the record several resolutions, a letter of July 14, 1947, to all subordinate associations, a letter dated April 17, 1947, from the Federal Security Agency, a letter of July 3, 1947, from the Marine Engineers' Beneficial Association No. 97, Inc., in San Francisco, a letter dated July 7 to Mr. Thomas Parran, the Surgeon General, and a letter from the Federal Security Agency dated July 10, 1947.

The CHAIRMAN. Those will be received for the record.

(The documents are as follows:)

RESOLUTION

(Resolution passed at special membership meeting, M. E. B. A. Local 33, January 13, 1947)

To Representatives of the Seventy-first Convention Assembled; January 1947, Biltmore Hotel, Los Angeles, Calif., N. M. E. B. A.

Whereas in the past few years the United States marine hospitals which were established for the purpose of giving medical aid and hospitalization to merchant seamen have been used to give medical aid and hospitalization to members of the Coast Guard and Federal employees, including their families, and

Whereas merchant seamen have made numerous complaints regarding overcrowding and neglect in marine hospitals while every attention is given to non-seamen, and

Whereas members of the families of Coast Guard (including maternity cases) are freely admitted to marine hospitals while ever since the establishment of marine hospitals members of the families of merchant seamen have been denied admission: Be it

Resolved, That this 1947 convention go on record demanding the return of the United States marine hospitals to the merchant seamen and demanding the admission of members of the families of merchant seamen as freely as dependents of Coast Guardsmen are admitted at this time; be it further

Resolved, That any action taken by the 1947 convention of the foregoing be immediately released to the press and requests for similar action be made to all other seagoing maritime unions.

Signed by:

E. P. TRAINER.

J. P. O'KANE.

J. WHITE.

O. J. HALL.

RESOLUTION

Representatives of the Seventy-First M. E. B. A. National Convention, Los Angeles, Calif., January 1947.

DEAR SIRS AND BROTHERS: Whereas in order to be eligible for hospital treatment through public health service facilities, a seaman must either be employed on board in the care, preservation or navigation of any registered, enrolled or licensed vessel of the United States, or as provided in the act of March 21, 1936, otherwise, known as the Bland Act, be employed on Government vessels not in military or naval establishments; and

Whereas under present conditions in the marine hospitals, Coast Guard men and their wives are being given treatment, making hospitals very crowded and merchant seamen get very little service; and

Whereas the last act that was passed prevents seamen from entering hospitals unless having done active service for 60 days previous: Therefore be it

Resolved, That the officers of the National Marine Engineers' Beneficial Association in convention assembled, be instructed to have legislation introduced to correct this abuse, and so that a seaman that has been going to sea previously will be admitted to the marine hospital, as when he becomes of age and is not able to work, he is denied entrance to the hospital. Bill H. R. 4746 has been introduced to the Seventy-ninth Congress, first session, but no action has been taken as yet. We are now demanding action to be taken.

Submitted by:

R. G. VIADA.
W. L. BALL.
E. P. TRAINER.
FRANK SAYRE.

NATIONAL MARINE ENGINEERS' BENEFICIAL ASSOCIATION,
Washington 3, D. C., July 14, 1947.

CIRCULAR LETTER NO 34

To All Subordinate Associations:

DEAR SIRs AND BROTHERS: In recent correspondence I have had with the United States Public Health Service, in trying to get admission in the marine hospital for our Brother Edward Shea, former business manager of MEBA No. 79 they forwarded to me a publication entitled "Medical Relief Benefits for Seaman Beneficiaries of the Public Health Service."

Because I thought the publication may be helpful to a good many of our members who are seeking admittance to the marine hospitals, I had the publication reproduced and I am enclosing same herewith.

Please have this publication posted on your bulletin boards for the information of our membership.

I remain,

Fraternally yours,

S. J. HOGAN, *President*.

[Exact copy as received from the U. S. Public Health Service]

FEDERAL SECURITY AGENCY,
UNITED STATES PUBLIC HEALTH SERVICE,
Washington, D. C., April 17, 1947.

MEDICAL RELIEF BENEFITS FOR SEAMAN BENEFICIARIES OF THE PUBLIC HEALTH SERVICE

INFORMATION FOR SEAMEN AND MASTERS, OWNERS, AND AGENTS OF VESSELS

1. Who are seamen beneficiaries of the Public Health Service?

Seamen employed on board vessels registereed, enrolled, or licensed under United States maritime laws (except canal boats engaged in the coasting trade) are eligible for free medical relief if they are primarily engaged in the care, preservation, or navigation of such vessels or are in the service on board of persons engaged in the care, preservation, or navigation of the vessels.

Other seamen beneficiaries of the Public Health Service are:

Seamen employed on foreign-flag vessels owned or operated by citizens of the United States or by corporations incorporated under the laws of the United States or of any State;

Seamen employed on United States or foreign-flag vessels are employees of the United States through the United States Maritime Commission;

Seamen, not enlisted or commissioned in the Military or Naval Establishments, who are employed on State school ships or on vessels of the United States Government of more than 5 tons' burden;

Seamen on vessels of the Mississippi River Commission; and
Officers and crews of vessels of the Fish and Wildlife Service.

2. What kinds of benefits are they entitled to?

The Public Health Service furnishes medical, surgical, and dental care, and hospitalization at its hospitals and medical relief stations (list attached). Arti-

ficial limbs and eyes, special shoes, and other orthopedic and dental appliances will be supplied when necessary in connection with treatment. Eyeglasses merely to correct vision will not be authorized.

The Public Health Service is not authorized to give money benefits, and seamen cannot be reimbursed for private medical treatment except when the treatment has been authorized by the Service as an emergency measure.

3. What requirements must a seaman meet to be eligible for medical care?

A seaman must have at least 60 days of continuous service aboard the vessels shown in paragraph 1 above. This service may be broken into short periods so long as no break exceeds 60 days. It may include time spent as (1) an active-duty enrollee in the United State Maritime Service, (2) a member of the Merchant Marine Cadet Corps, or (3) a cadet on a State training ship.

He must apply for relief within 90 days after completing his 60 days of sea service.

A seaman taken sick or injured while actually employed on a vessel is entitled to care by the Public Health Service without regard to length of service. In foreign ports, however, his medical care is the responsibility of the owner, agent, or master of his vessel—not the Public Health Service.

4. Can the 90 days' period ever be extended?

Yes; in cases where a seaman can show that he has not changed his occupation but has been unable to ship out because of economic conditions affecting the shipping industry or because of illness for which he has been receiving regular private or public medical care.

5. How should a seaman apply for treatment?

He should apply at a hospital or medical relief station operated by the Public Health Service. As proof of his 60 days of sea service he should present a properly completed "Master's Certificate of Service of Sick or Injured Seamen" or other acceptable evidence showing 60 days of service.

6. What provision is made for emergency care?

In case of a genuine emergency when an eligible seaman is too ill to travel to a Public Health Service facility, he or someone in his behalf may contact a Public Health Service hospital, medical relief station, quarantine station, a Public Health Service district director, or Public Health Service headquarters, Washington, D. C., at the time treatment is needed or while the seaman is still in the hospital or undergoing treatment. Full particulars regarding the emergency and statements of eligibility must be submitted promptly to the Public Health Service medical officer of whom authority is requested so that he can make a definite determination on eligibility. In the event eligibility is in doubt or further time is needed to prove eligibility, the Public Health Service officer will authorize treatment on a conditional basis pending final determination of the patient's status as a seaman beneficiary.

This provision for private emergency care does not include seamen who are injured while committing a breach of the peace. In such cases treatment will be given only at Service facilities.

7. How can a seaman get a record of his medical treatment at a Public Health Service facility?

A seaman may obtain a brief summary of his clinical record by filling out an application form and submitting it to the medical officer in charge of the hospital or medical relief station where he received treatment. Blank forms may be requested of any medical relief station, marine hospital, or Public Health Service headquarters, Washington, D. C.

MARINE ENGINEERS' BENEFICIAL ASSOCIATION No. 97, INC.,

San Francisco, Calif., July 3, 1947.

Mr. S. J. HOGAN,

President, National Marine Engineers' Beneficial Association.

Washington 3, D. C.

DEAR SIR AND BROTHER: This association is appealing to you to use your good offices in an effort to secure entrance to the marine hospital for Brother Edward Shea, former business manager of MEBA No. 79, San Pedro, Calif.

This brother has devoted the greater part of his life under the authority of his engineer's license, except for the time spent in serving our organization in an

executive capacity, amounting to approximately 2 years, and a like amount attempting to recuperate from his present illness. He is now at the end of his rope, finances completely depleted, with nothing but his little home in Lomita, Calif., and his automobile. He has lost the use of both arms as well as speech.

Mrs. Shea has been attending him most faithfully but she, too, has become ill from overwork and is now unable to continue further.

Brother Buttram has exhausted every effort in his city to gain admittance in the marine hospital for Brother Shea and I have done likewise in this city; therefore, we sincerely request that you expend every effort through the proper authorities in Washington, D. C., in an effort to assist us.

Brother Shea is now living in his auto trailer in this jurisdiction.

Thanking you in advance for your efforts, I remain,

Fraternally yours,

R. MERIWETHER, *Business Manager.*

NATIONAL MARINE ENGINEERS' BENEFICIAL ASSOCIATION,
Washington 3, D. C., July 7, 1947.

Mr. THOMAS PARRAN,
Surgeon General, United States Public Health Service,
Bethesda, Md.

DEAR SIR: I am enclosing herewith a copy of a letter I received from my representative in San Francisco, Mr. R. Meriwether, contents of which are self-explanatory.

I am appealing to the United States Public Health Service, through you, to devise some ways and means to have Mr. Shea admitted to the Marine Hospital. I have known Mr. Shea personally for the past 20 years. Anything you may be able to do to help Mr. Shea will be greatly appreciated by this organization, and I know Mr. Shea will be grateful to you from the bottom of his heart.

Will you please inform me of any action you may take?

Sincerely yours,

S. J. HOGAN, *President.*

FEDERAL SECURITY AGENCY, UNITED STATES PUBLIC HEALTH SERVICE,
Washington, D. C., July 10, 1947.

Mr. S. J. HOGAN,
President, National Marine Engineers' Beneficial Association,
Washington, D. C.

DEAR MR. HOGAN: Your letter dated July 7, 1947, addressed to the Surgeon General and concerning the case of Mr. Edward Shea has been referred to this office for reply.

Before we can advise you regarding Mr. Shea's admission to a marine hospital, we must have the following information:

1. Mr. Shea's sea service record, i. e., the names of the ships he served aboard together with the dates of each service.
2. Mr. Shea's occupation since his last sea service.
3. If he has been receiving regular medical care since his last sea service, we must have a statement from his doctors giving dates of treatment and diagnosis, also hospitalization if any (other than U. S. marine hospitals) where and when.

For your information, our most recent publication concerning medical relief benefits for merchant seamen is enclosed.

Please be assured that the Public Health Service will be glad to help in any way possible that regulations will permit.

Sincerely yours,

R. T. HOLLINGER,
Chief, Regulations and Procedures Section, Hospital Division.

The CHAIRMAN. I do hope, in view of this discussion that has been taking place here this morning, that any of the witnesses who care to will add to their statements such additional information as they feel would be pertinent and appropriate. The record in this case will probably be ready sometime tomorrow morning. I am anxious that

if you wish to make any revisions or extensions of your remarks, that you take advantage of it tomorrow so that we may immediately send these hearings to the printer, and we may have them as a basis for committee consideration of the legislation.

The hearing is closed.

(Whereupon, at 12:45 p. m., the hearing was adjourned.)

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